



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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RESEARCH TO PRACTICE

Homelessness in Rural Veterans

Summary by Patricia Dubbert, Ph.D.

Dr. Geri Adler and a team of investigators (Lonique Pritchett, Michael Kauth, Juliette Mott) from the SC MIRECC recently published the results of a study designed to learn more about homeless Veterans who live in rural areas. Ending Veteran homelessness has been a priority for VA with particular emphasis since 2011 and many resources have been invested, producing notable improvements since that time.



The investigators for this study believed that Veterans dealing with homelessness in rural areas might have different challenges than those residing in urban areas. A prior study found that rural homeless Veterans used

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ACCESS (Adjusting to Chronic Conditions with Education, Support, and Skills) Study and Clinician's Manual

Developed by Jeffrey Cully, Ph.D., Melinda Stanley, Ph.D., Michael Kauth, Ph.D., Aanand Naik, M.D., Mark Kunik, M.D., and Kristen Sorocco, Ph.D.

ACCCESS (Adjusting to Chronic Conditions with Education, Support, and Skills) is an evidence-based cognitive-behavioral intervention specifically designed to address the physical and emotional issues faced by chronically ill patients. ACCESS was based on prior studies showing that chronically ill patients often have unique physical and emotional health needs that require a patient-centered approach to care. ACCESS attempts to balance the comprehensive needs of the patient while offering a time-limited and focused treatment.

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less VA healthcare than urban homeless Veterans and were also more likely to have had problems with alcohol. Adler's study, "Staff Perceptions of Homeless Veterans' Needs and Available Services at Community Based Outpatient Clinics," describes the results of a survey they conducted of CBOC staff.

Study highlights for clinicians:

- Staff at 30 CBOCs were surveyed
- More than half of people surveyed responded
- Most respondents were health professionals.

Respondents reported that:

- About one-third of the respondents grew up in the rural area served by their CBOC.
- Almost all of respondents had contact with homeless Veterans
- Respondents saw one or two homeless Veterans each month.
- The most common causes of Veterans' homelessness were substance abuse, unemployment, and mental illness.
- Compared to urban homeless Veterans, rural homeless Veterans had *fewer* resources:
 - no shelter programs or assistance within 50 miles—too far away to walk or drive in an unreliable vehicle.
- Compared to urban homeless Veterans, rural homeless Veterans had *more* resources:
 - they could hunt, fish, and live in settings like camper trailers without electricity

- they are helped by generosity and close social ties typical of rural culture
- they could do small jobs for meals and a place to sleep.
- Greater access is needed to substance abuse treatment and mental healthcare, transportation, and job training in rural areas.
- These services are currently available at non-VA community agencies or at VA parent facilities but usually not at CBOCs.

Adler's study suggests CBOC staff perceived important unmet needs for rural homeless Veterans, but, as stated in the article, these perceptions might be different from those of the Veterans themselves. The results might also be different if non-VA providers in rural areas who serve homeless Veterans had been included. Regardless of possible differences in perceptions, the results suggest that all VA providers should take into consideration the unique challenges that homeless Veterans may face if they reside in rural areas, including their access to reliable transportation and ability to navigate the complex urban environments where treatment resources are located. CBOC providers need to know the homeless staff at the parent facility and invite them to the CBOC if they have not visited. CBOC staff also need to know what resources are available in their community for homeless Veterans and reach out to them.

This article may be viewed at <http://psycnet.apa.org/journals/rmh/39/1/46/>.

Citation

Adler, G., Pritchett, L. R., Kauth, M. R., & Mott, J. (2015). Staff perceptions of homeless Veterans' needs and available services at community-based outpatient clinics. *Journal of Rural Health, 39*(1), 46-53. ♦

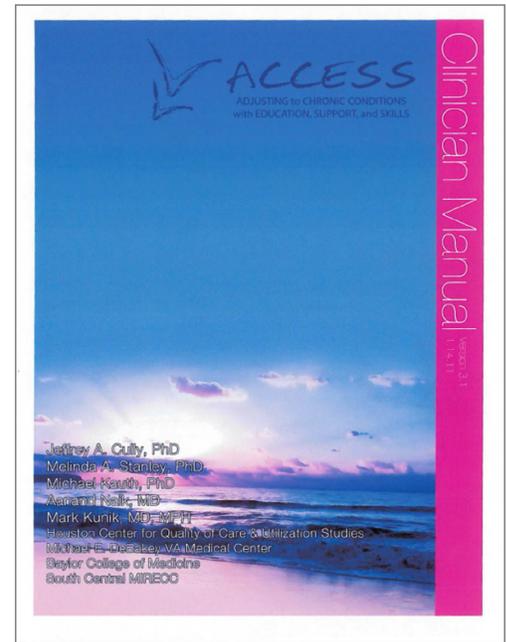
Attribution: Acknowledgement of MIRECC Research Support/Employment

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ACCESS (continued from page 1)

ACCESS involves a total of 6 active treatment sessions (weekly meetings of 30-45 minutes in duration) and up to 4 follow-up booster sessions. The length of the total treatment (active treatment and boosters) is 16 weeks. The basic premise and novelty of ACCESS rests in the presentation of intervention concepts and treatment goals. ACCESS clinicians work with patients to acquire skills and strategies designed to address both their physical and emotional needs. For example, physical disease self-management strategies, behavioral activation, and using thoughts to improve wellness (e.g., cognitive therapy) all hold the potential to impact physical and emotional health. Within the ACCESS intervention, these approaches have been modified to meet the unique needs of the chronically ill, targeting both physical and emotional health outcomes.

ACCESS materials include a clinician manual and a patient workbook to facilitate treatment, including the opportunity to offer care by telephone. To download the clinician manual and the patient workbook, visit <http://www.mirecc.va.gov/visn16/clinicalEducationProducts.asp>. ♦



CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Chronic Pain and Suicide: The Impact of Opioids, Substance Use Disorder, and Mental Health Comorbidities**” on Wednesday, June 10 at 8:00-9:00 a.m. CT and Thursday, June 11 at 11:00-12:00 p.m. CT. This Adobe Connect session will be presented by Ilene Robeck, M.D. At the conclusion of this educational program, learners will be able to:

1. Analyze the comorbidities that increase risk of suicide in patients with chronic pain;
2. Describe chronic pain treatment options that will decrease suicide risk; and
3. Cite an approach to use with a patient with increased suicide risk.

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 37009#

July 8 & 9, 2015
Polytrauma

August 12 & 13, 2015
Ethics

SC MIRECC ANNOUNCEMENTS

Dr. Mark Kunik's Daniel Deykin Outstanding Mentor Award Lecture Available Online

In April, Dr. Mark Kunik, director of the SC MIRECC and the inaugural recipient of the Daniel Deykin Award for Outstanding Mentoring, gave a lecture on tailored mentoring for the VA Health Services Research and Development mentors and mentees. In the lecture, Dr. Kunik discusses strategies for successful mentoring, focused on tailoring work as a mentor based on your mentee's level of training and stage of faculty development. To view the video, visit http://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=973.



FY2016 Clinical Educator Grants Program Call for Applications

Don't miss your chance to submit a proposal for the fiscal year 2016 SC MIRECC Clinical Educator Grants program. We designed these small grants (up to \$10,000 for multi-site projects) to help VISN 16 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other under-served Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include a manual for conducting brief cognitive behavioral therapy in primary care clinics; a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues; and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge. Download or request products at <http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp>.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! **The deadline for submitting a proposal is August 7, 2015.** For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at Geri.Adler@va.gov.

- Download Application at http://www.mirecc.va.gov/VISN16/docs/CEG_Application.pdf.
- Download Example Application 1 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_I.pdf.
- Download Example Application 2 at http://www.mirecc.va.gov/VISN16/docs/Sample_application_II.pdf.

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SC MIRECC Pilot Study Program Quarterly Application Deadline is July 1

We accept applications for the SC MIRECC Pilot Study Research Program four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. **The next application deadline is July 1, 2015.**

Generally, pilot study grants are less than \$75,000. Investigators proposing multi-site studies may request additional funds. Study expenses must be justified and we welcome proposals with more modest budgets. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern).

For more information, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application. ♦

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